

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

0351151 AV

03-17-2003 90701 041 \*\*\*150.00

**DOCUMENT # P97000089843**

1. Entity Name  
**BOARDMAN'S, INC.**



Principal Place of Business  
**7470 W COMMERICAL BLVD  
LAUDERHILL FL 33319**

Mailing Address  
**7470 W COMMERICAL BLVD  
LAUDERHILL FL 33319**



2. Principal Place of Business

**BOARDMAN'S**

3. Mailing Address

**BOARDMAN'S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**10283 NW 53 ST.**

**10283 NW 53 ST.**

City & State

City & State

**SUNRISE FL.**

**SUNRISE FL.**

Zip

Country

Zip

Country

**33351**

**USA**

**33351**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0798427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, MICHAEL  
7346 W COMMERICAL BLVD  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name **ANDERSON, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

**10283 NW 53 ST.**

City **SUNRISE**

**FL**

Zip Code

**33351**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-14-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **ANDERSON, MICHAEL O**  
STREET ADDRESS **7470 W COMMERICAL BLVD**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **VD** ☐ Delete  
NAME **ANDERSON, DEBORAH B**  
STREET ADDRESS **7470 W COMMERICAL BLVD**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10283 NW 53 ST.**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10283 NW 53 ST**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-03**

Date

**954-572-6012**

Daytime Phone #

CR2E034 (10/02)